

Attorney Docket No.: CDST-C122-2P

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=MASS.CV	IN T	HE UNITED STA	TES PATENT	AND TRADEMARK OFFICE				
I hereby bearing F of deposi	First Class I	this transmittal of the below des Postage and addressed to the (scribed document is being d Commissioner for Patents P.	eposited with the United States Postal Service in an er O. Box 1450, Alexandria, VA 22313-1450, on the belo	ow date			
Date of Deposit:	10/14	/ 03 Name of Person Making the Deposit:	Julie Williams	Signature of the Person Making the Deposit:	ma			
In re A	pplicatio	n of: Christopher J. Cui	rtin, Ronald S. Besse	r and Robert M. Duboc Jr.				
Serial	No.: 09	/773,983	ams, J.L.					
Filed:	01/31/0	1	Art Unit: 2879	,	O - 2			
For: D	UAL LA	YER ELECTROPLATED	STRUCTURE FOR A	A FLAT PANEL DISPLAY DEVICE,				
P.O. B	ox 1450							
Alexan	idria, VA	22313-1450	AMENDMENT T	RANSMITTAL 2				
1.	Transn	nitted herewith is an am	nendment for this appl					
	(8	ed herewith is a respons sheets) ed herewith are		for the above identified patent application te formal drawings.	1.			
2.	Applica	ant is other than a small	entity					
			Extension of	Term				
3.	The pr	oceedings herein are fo	or a patent application	and the provisions of 37 C.F.R. 1.136 ap	oply.			
(a)	[]	[] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)						
		Extension [] one month [] two months [] three month [] four month	s \$1 ths \$9 ths \$1	90 110.00 420.00 950.00 1,480.00				

If an additional extension of time is required, please consider this a petition therefor.

(b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)									
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total				
Total Claims	3	- 20 =	0	x \$18.00	\$0.00				
Independent Claims	1	- 4 =	0	x \$86.00	\$0.00				
Multiple Dependent Claim Fee (one or more, first added by this \$290.00 amendment)									
Total Fees									

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [] A check in the amount of \$\sigma\$
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Date: /0/17/03

John P. Wagner, Jr. Reg. No. 35,398